

## Research Incentive Form

<b>Name of the Faculty/ Head</b>		
<b>Department</b>		
<i><b>Instructions:</b> Fill all the requisite details legitimately and completely with required supporting documents and submit to IQAC. Incomplete form/ supporting document shall be summarily rejected.</i>		
S.No.	Research Activity	Particulars (To be filled by Applicant)
1	<b>Research Papers in UGC CARE Group-I Journals/UGC CARE Group-II Journals/ SCOPUS/WEB OF SCIENCE</b>	
	Title of Journal	
	Title of Paper	
	ISSN No.	
	Month/Year of Publication	
	Link of the research paper on website (online)	
	Link of the website of the Journal	
	Total no. of Authors	
Researcher's position		
2	<b>Books Authored published by International/National Publishers</b>	
	Title of Book	
	ISBN No.	
	Month/Year of Publication	
	Link of the book on website (online)	
Total no. of Authors		
Author's position		
3	<b>Publication of Chapter in Edited Books and/or paper in peer reviewed Conference proceedings -External (Not Article in Edited Books)</b>	
	Title of Edited Book/Peer reviewed conference proceedings -External	
	Title of Chapter/Paper	
	ISBN No.	
	Month/Year of Publication	
	Link of the book on website (online)	
Total no. of Authors		
Author's position		
4	<b>Publication of Chapter in Conference Proceedings Citation Index - Science (CPCI-S), Conference Proceedings Citation Index - Social Sciences &amp; Humanities (CPCI-SSH), Book Citation Index- Science (BKCI-S), Book Citation Index- Social Sciences &amp; Humanities (BKCI-SSH) hosted on the Web of Science platform or Scopus (External)</b>	
	Title of Conference proceedings	
	Title of Chapter	
	ISBN No.	
	Month/Year of Publication	
	Link of the Chapter on website (online)	
	Total no. of Authors	
Author's position		
5	<b>Editor of Book by International/National Publishers</b>	
	Title of Book	
	ISBN No.	
	Month/Year of Publication	
Link of the book on website (online)		

	Total no. of Authors	
6	<b>Project Completed</b>	
	Title of the Project	
	Total Amount of funding	
	Name of the Organization	
	Date of completion	
	Total no. of Investigators	
	Investigator's position	
7	<b>Consultancy</b>	
	Title of the Consultancy	
	Total Amount of Consultancy	
	Name of the Organization	
	Date of completion	
	Total no. of Consultants	
8	<b>Patent/Copyright/Trademark Published</b>	
	International/National	
	Patent/Copyright/Trademark No.	
	Grant Date	
9	<b>Invited lectures / Resource Person/ Delegate/paper presentation in Seminars/ Conferences/Workshops</b>	
	International (Abroad)/International (Within Country)/National/ State University/ College	
	Title of Seminars/ Conferences/Workshops	
	Name of the Organization	
	Date	
	Title of paper, if presented	
10	<b>Orientation Program/FDP/Refresher Courses from AICTE, UGC, ARPIT &amp; Similar/NPTEL/MOOCs/SWAYAM/NITTR/STP</b>	
	Title	
	Organizing Agency	
	Date	
	Duration	
11	<b>Executive Development Program/Management Development Program Conducted</b>	
	Title of the EDP/MDP	
	Total fees received	
	Name of the Organization	
	Date of completion	
	Total no. of Trainers	
12	<b>Membership of Professional Body</b>	
	Name of the Organization	
	Duration	
	Total fees paid	

**Date:**

**Signature of Faculty**

**For Official Use**

**Recommendation:**

Committee Member

Committee Member

Committee Member